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| U.S. DEPARTMENT OF COMMERCE, PATENT AND TRADEMARK OFFICE  |  | DATE: December 17, 2004                               |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE<br>(DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371   |  | U.S. Application. No. (if known):<br><b>10/518391</b> |
| INTERNATIONAL APPLICATION NO.:<br><b>PCT/JP03/07447</b>   | INTERNATIONAL FILING DATE:<br><b>June 11, 2003</b> | PRIORITY DATE CLAIMED:<br><b>June 18, 2002</b>        |
| TITLE OF INVENTION: <b>MAGNETORESISTIVE RANDOM-ACCESS MEMORY DEVICE</b>   |  |   |
| APPLICANT(S) FOR DO/EO/US: <b>Hiroshi YOSHIDA and Kazunori SATO</b>   |  |   |
| Applicant hereby submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |   |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 USC 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)): <br/>       a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).<br/>       b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.<br/>       c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <br/>       a. <input checked="" type="checkbox"/> is attached hereto.<br/>       b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <br/>       a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).<br/>       b. <input type="checkbox"/> have been transmitted by the International Bureau.<br/>       c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/>       d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |  |   |
| ITEMS 11. TO 20. BELOW CONCERN OTHER DOCUMENT(S) OR INFORMATION INCLUDED:   |  |   |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98 together with the international search report, PTO-1449 and 10 references.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br/> <b>ASSIGNEE NAME AND ADDRESS: JAPAN SCIENCE AND TECHNOLOGY AGENCY, Kawaguchi-shi, Japan</b><br/>       Please publish the assignee data with the application.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: 4 sheets of drawings.</p>  |  |   |

| U.S. APPLICATION NO. (if known)<br><b>107518391</b>   |                  | INTERNATIONAL APPLICATION NO.<br>PCT/JP03/07447   | DATE: December 17, 2004              |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
|---|------------------|---|--------------------------------------|--------------------|--------|--------------|--------------|------|--|--------------|------------------|--|-------------------|--|-------------|----------|---|--------------------|--------------------|--|--|--|------------|------------------|--------------------------------------|--|--|--------------------|--|---|--|--|--|--|--|--|--|--|--|-------------------|--|--|--------------------|--|---|--|--|--|--|-----------------------------|--|--|--------------------|--|---|--|--|--|--|------------------------------|--|--|--------------------|--|--|--|--|--------------------------------------|----------|---|--|--|--|--|--|--|--|--|--|-----------------------------|--|---|--|--|---|--|--|--|--|---|--|-------------------------|--|--|
| 21. X The following fees are submitted:   |                  | CALCULATIONS  | PTO USE ONLY                         |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Basic National Stage Fee  |                  | \$ 300.00   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| National Stage Search Fee   |                  | \$ 500.00   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| National Stage Examination Fee  |                  | \$ 200.00   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| ENTER APPROPRIATE BASIC FEE AMOUNT =  |                  | <b>\$ 1,000.00</b>  |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).  |                  | <b>\$ 130.00</b>  |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td><b>TOTAL</b></td> <td><b>16 - 20 =</b></td> <td></td> <td><b>X \$ 50.00</b></td> <td></td> </tr> <tr> <td>INDEPENDENT</td> <td>10 - 3 =</td> <td>7</td> <td><b>X \$ 200.00</b></td> <td><b>\$ 1,400.00</b></td> </tr> <tr> <td colspan="3">Multiple dependent claims(s) (if applicable)</td> <td>+ \$360.00</td> <td><b>\$ 360.00</b></td> </tr> <tr> <td colspan="3"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td colspan="2"><b>\$ 2,890.00</b></td> </tr> <tr> <td colspan="5">National Stage Application Size Fee-for each additional 50 sheets that exceeds 100 sheets<br/>\$ 250.00.</td> </tr> <tr> <td colspan="5">Reduction by 1/2 for filing by small entity, if applicable. (Note 37 CFR 1.9, 1.27, 1.28).</td> </tr> <tr> <td colspan="3"><b>SUBTOTAL =</b></td> <td colspan="2"><b>\$ 2,890.00</b></td> </tr> <tr> <td colspan="5">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). +</td> </tr> <tr> <td colspan="3"><b>TOTAL NATIONAL FEE =</b></td> <td colspan="2"><b>\$ 2,890.00</b></td> </tr> <tr> <td colspan="5">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31).<br/>\$40.00 per property +</td> </tr> <tr> <td colspan="3"><b>TOTAL FEES ENCLOSED =</b></td> <td colspan="2"><b>\$ 2,890.00</b></td> </tr> <tr> <td colspan="3"></td> <td>Amount to be:<br/>refunded<br/>charged</td> <td>\$<br/>\$</td> </tr> <tr> <td colspan="5"> XX A check in the amount of \$2,890.00 to cover the above fees is enclosed. (\$300.00 for basic national stage fee; \$500.00 for national stage search fee; \$200.00 for national stage examination fee; \$1,400.00 for 7 additional independent claims; \$360.00 for multiple dependent claims and \$130.00 for late filing of the declaration). <br/> b. Please charge my Deposit Account No. 50-2866 in the amount of \$ to cover the above fees. (A duplicate copy of this sheet is enclosed.) <br/> c. XX The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2866. </td> </tr> <tr> <td colspan="5">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed to request that the application be restored to pending status.</td> </tr> <tr> <td colspan="2">Send All Correspondence To:</td> <td colspan="3">WESTERMAN, HATTORI, DANIELS &amp; ADRIAN, LLP<br/>1250 Connecticut Avenue, N.W.<br/>Suite 700<br/>Washington, D.C. 20036<br/>CUSTOMER No. 38834</td> </tr> <tr> <td colspan="5">Typed or Printed Name: Sadao Kinashi Reg. No.: 48,075</td> </tr> <tr> <td colspan="2">Signature </td> <td colspan="3">Date: December 17, 2004</td> </tr> </tbody></table> |                  |   |                                      |                    | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE |  | <b>TOTAL</b> | <b>16 - 20 =</b> |  | <b>X \$ 50.00</b> |  | INDEPENDENT | 10 - 3 = | 7 | <b>X \$ 200.00</b> | <b>\$ 1,400.00</b> | Multiple dependent claims(s) (if applicable) |  |  | + \$360.00 | <b>\$ 360.00</b> | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  | <b>\$ 2,890.00</b> |  | National Stage Application Size Fee-for each additional 50 sheets that exceeds 100 sheets<br>\$ 250.00. |  |  |  |  | Reduction by 1/2 for filing by small entity, if applicable. 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| <b>TOTAL</b>  | <b>16 - 20 =</b> |   | <b>X \$ 50.00</b>                    |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| INDEPENDENT   | 10 - 3 =         | 7   | <b>X \$ 200.00</b>                   | <b>\$ 1,400.00</b> |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Multiple dependent claims(s) (if applicable)  |                  |   | + \$360.00                           | <b>\$ 360.00</b>   |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |                  |   | <b>\$ 2,890.00</b>                   |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
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| <b>SUBTOTAL =</b>   |                  |   | <b>\$ 2,890.00</b>                   |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
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| <b>TOTAL NATIONAL FEE =</b>   |                  |   | <b>\$ 2,890.00</b>                   |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
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| <b>TOTAL FEES ENCLOSED =</b>  |                  |   | <b>\$ 2,890.00</b>                   |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
|   |                  |   | Amount to be:<br>refunded<br>charged | \$<br>\$           |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| XX A check in the amount of \$2,890.00 to cover the above fees is enclosed. (\$300.00 for basic national stage fee; \$500.00 for national stage search fee; \$200.00 for national stage examination fee; \$1,400.00 for 7 additional independent claims; \$360.00 for multiple dependent claims and \$130.00 for late filing of the declaration).<br>b. Please charge my Deposit Account No. 50-2866 in the amount of \$ to cover the above fees. (A duplicate copy of this sheet is enclosed.)<br>c. XX The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2866.   |                  |   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed to request that the application be restored to pending status.  |                  |   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Send All Correspondence To:   |                  | WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP<br>1250 Connecticut Avenue, N.W.<br>Suite 700<br>Washington, D.C. 20036<br>CUSTOMER No. 38834 |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Typed or Printed Name: Sadao Kinashi Reg. No.: 48,075   |                  |   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |
| Signature    |                  | Date: December 17, 2004   |                                      |                    |        |              |              |      |  |              |                  |  |                   |  |             |          |   |                    |                    |  |  |  |            |                  |                                      |  |  |                    |  |   |  |  |  |  |  |  |  |  |  |                   |  |  |                    |  |   |  |  |  |  |                             |  |  |                    |  |   |  |  |  |  |                              |  |  |                    |  |  |  |  |                                      |          |   |  |  |  |  |  |  |  |  |  |                             |  |   |  |  |   |  |  |  |  |   |  |                         |  |  |

SK/yap